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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/779,389
Filing Date	February 7, 2001
First Name Inventor	Glenn McGall et al.
Group Art Unit	1639
Examiner Name	Tomas H.F. Friend
Total Number of Pages in This Submission	4
Attorney Docket Number	018547-040820US

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Notice of Appeal Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP William Schmonsees	
Signature		
Date	December 23, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

12/23/02

Typed or printed name	Kristi Coplin	
Signature		Date
	December 23, 2002	

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SCA8



FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1130)

METHOD OF PAYMENT (check all that apply)

 Check Credit Card MoneyOrder Other None
 Deposit Account:

Deposit Account Number 20-1430

Deposit Account Name Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments

 Charge any additional fee(s) during the pendency of this application

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 740	2001 370	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 510	2003 255	Plant filing fee	
1004 740	2004 370	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fees from below	Fee Paid
			-**	=	X =

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

Complete If Known

Application Number	09/779,389
Filing Date	February 7, 2001
First Named Inventor	McGall et al.
Examiner Name	Tomas H.F. Friend
Group Art Unit	1639
Attorney Docket No.	018547-040820US

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FEE CALCULATION (continued)

3. ADDITIONAL FEES	Fee Description	Fee Paid
Large Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65 Surcharge - late filing fee or oath	
1052 50	2052 25 Surcharge - late provisional filing fee or cover sheet.	
1053 130	1053 130 Non-English specification	
1812 2,520	1812 2,520 For filing a request for reexamination	
1804 920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251 110	2251 55 Extension for reply within first month	
1252 400	2252 200 Extension for reply within second month	
1253 920	2253 460 Extension for reply within third month	810
1254 1,440	2254 720 Extension for reply within fourth month	
1255 1,960	2255 980 Extension for reply within fifth month	
1401 320	2401 160 Notice of Appeal	320
1402 320	2402 160 Filing a brief in support of an appeal	
1403 280	2403 140 Request for oral hearing	
1451 1,510	1451 1,510 Petition to institute a public use proceeding	
1452 110	2452 55 Petition to revive – unavoidable	
1453 1,280	2453 640 Petition to revive – unintentional	
1501 1,280	2501 640 Utility issue fee (or reissue)	
1502 460	2502 230 Design issue fee	
1503 620	2503 310 Plant issue fee	
1460 130	1460 130 Petitions to the Commissioner	
1807 50	1807 50 Petitions related to provisional applications	
1806 180	1806 180 Submission of Information Disclosure Stmt	
8021 40	8021 40 Recording each patent assignment per property (times number of properties)	
1809 740	2809 370 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 740	2810 370 For each additional invention to be examined (37 CFR § 1.129(b))	
1801 740	2801 370 Request for Continued Examination (RCE)	
1802 900	1802 900 Request for expedited examination of a design application	
Other fee (specify) One Month extension was already paid		

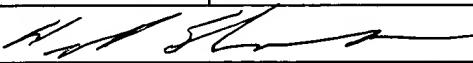
*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$ 1130)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) William Schmonsees Registration No. (Attorney/Agent) 31,796 Telephone 650-328-2400

Signature  Date December 23, 2002

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